Standard Operating Procedures (SOPs) for an Inter-Agency Community Based Complaints Mechanism (IA CBCM) with specific attention to Protection from Sexual Exploitation and Abuse (PSEA)

By the Ethiopia PSEA Network

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1. Introduction

1.1 These Standard Operating Procedures (SOPs) are designed to guide and define steps and measures to be taken when there is a suspected or alleged sexual exploitation and abuse (SEA) committed by staff of humanitarian and development actors in Ethiopia. Sexual harassment between staff members and GBV are not included in the scope of the SOPs.

1.2 The purpose of the SOPs is to facilitate a consistent approach across all potential SEA complaints received, from every possible channel, implementing Secretary-General’s Bulletin on “Special measures for protection from sexual exploitation and sexual abuse”2, and the Secretary-General’s Bulletin on “Special measures for protection from sexual exploitation and abuse: a new approach”3.

1.3 The SOPs are designed to provide consistency in the way complaints are recorded, logged and referred to individual organisations for investigation, as well as the way survivor-centred assistance is provided.

1.4 With the efforts of multiple stakeholders, substantial progress has been made on PSEA in the last years. Ethiopia established a national PSEA Network in 2018, and three regional PSEA Networks in SNNP, Somali and Oromia regions. However, there are still inadequacies in the legal framework, non-conducive social norms and attitudes towards SEA, and limited legal, psycho-social, and health resources4.

1.5 These SOPs cover the whole of Ethiopia and in no way intend to change or override the existing organizational specific internal policies on PSEA. Rather, they are procedures to supplement internal policies and reinforce common action to prevent and to respond to SEA through a people centred approach. The IA CBCM is not a new complaint mechanism, but a means of strengthening and linking the existing complaint and feedback mechanisms (CFMs) of each signatory organization, so that any complaint can be referred to the responsible entity for follow up and at the same time encompassing a people centered approach to accountability to affected populations (AAP).

1.6 It is paramount to note that for the IA CBCM to function adequately, the SOPs need to be complemented by effective linkages with GBV/CP referral pathways, awareness creation on the pathways for staff and communities and training of PSEA Focal Points. Multiple channels should be available for people to report and this includes checking the functionality of already identified CFMs on an ongoing basis with users, both staff and community members, protected against retaliation.

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1 As per the Ethiopia PSEA Strategy 2020, endorsed by the HCT.
2 UN Secretary-General’s Bulletin ST/SGB/2003/13, dated 9 October 2003
3 UN Secretary-General’s Report A/71/818, dated 28 February 2017
4 Ethiopia Safeguarding Hub
2. Guiding Principles

All actors in Ethiopia who participate in the IA CBCM agree to cooperate and assist each other to the fullest extent in preventing and responding to SEA, and to adhere to the following key principles underpinning these SOPs:

- **Promote cooperation and assistance** between organizations in preventing and responding to SEA. This includes sharing situation analysis and assessment information as necessary to avoid duplication and maximize a shared understanding of the situation;
- **Ensure equal and active participation** by beneficiaries in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory methods. Recognizing that SEA is often grounded in gender inequality, participating agencies will ensure that humanitarian activities are conducted in a gender-sensitive manner and that the intersectional views, perspectives and needs of women, men, girls and boys are adequately considered;
- **Ensure that all responses are developed in a manner that balances respect for due process with a survivor-centered approach** in which the survivor’s wishes, safety, and well-being remain a priority in all matters and procedures;
- **Integrate and mainstream PSEA** in all programmes and all sectors, as possible;
- **Ensure accountability at all levels**; and,
- **Ensure that assistance for victims is provided in a non-discriminating manner**.

Building on the IASC’s Six Core Principles Relating to Sexual Exploitation and Abuse, the work carried out by the Ethiopia PSEA Network under these SOPs is premised on the following principles:

**2.1 Survivor-centred**: All responses to SEA complaints and allegations will be developed in a manner that balances respect for due process with a survivor-centered approach in which the survivor’s wishes, safety, and well-being remain a priority in all matters and procedures. The overarching approach will be to let the complainant/survivor be in charge of their case, letting them decide what they want to do, what information they want to share, who they want to talk to and what help they want. Allowing the complainant/survivor to make decisions about their case empowers them, which is particularly critical in cases involving sexual exploitation and abuse.

**2.2 Confidentiality**: Complainants and subjects of a complaint both have a right to confidentiality. Access to/ sharing of information will be restricted and will create an environment enabling survivors/ complainants to submit allegations and receive appropriate assistance without stigmatization. Actors should, however, reconcile confidentiality and the protection of survivors with the need and requirement to share sensitive SEA related information.

**2.3 Accessibility**: Multiple channels will be made for complainants/survivors and other persons to raise allegations, rumours and concerns regarding potential SEA cases. These options will be available for use by as many people as possible in areas with humanitarian operations, and communities will be informed.

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Different agencies and PSEA related documentation interchangeably use the words survivor and victim to reflect a person who has SEA perpetrated against him/her. These SOPs use the term “survivor” for consistency and hence survivor centered is used as a synonym for victim centered.
in their own language on how to report SEA, taking into account the illiteracy levels, disabilities and other possible limitations.

2.4 Safety: The safety of the survivor will be a primary consideration at all times during reporting, investigation, and thereafter. All actions taken under these SOPs will consider potential dangers and risks to all parties, incorporate ways to prevent injury and harm, address potential retaliation to survivors/complainants, and offer a safe space for reporting. It is essential that a risk assessment be conducted for each survivor, and that a security/protection plan be developed if necessary, based on individualized needs.

2.5 Transparency: Members of the affected community will be educated on how to raise complaints and allegations, and may offer input to improve how such complaints and allegations may be raised and handled, and will receive feedback on any complaint or allegation raised. This will be in a format that is accessible to all, regardless of age, literacy, language spoken or disability.

2.6 Accountability: Affected populations will be educated about their rights, including their rights to make and withdraw SEA allegations. Complainants/survivors will be kept informed about any next steps related to their case, including investigation and referral to GBV services, and will be provided information on any obligation for service providers to report to the police, to enable them to make informed decisions, which is known as ‘informed consent’. The PSEA Network will approach accountability with joint linkages to initiatives by the Inter Agency Accountability Working Group (IA AWG).

2.7 Best interests of the child: If a decision is taken on behalf of a child, the best interests of the child shall be the overriding guide.

2.8 Mandatory Reporting: In recognition of the UN’s zero-tolerance policy for SEA, the Secretary General’s Bulletin on SEA and related agency/organizational policies oblige UN staff and implementing partners to promptly report all concerns or suspicions of SEA by fellow workers via established reporting mechanisms, whether or not the alleged perpetrator is from the same agency. Reports must be made in good faith and reporting personnel should be reassured that no action will be taken against any worker who makes such a good faith report (non-retaliation), even if the allegation proved unfounded upon investigation. However, if a staff person knowingly and willfully reports false or malicious information regarding another staff person, such false reports may lead to disciplinary action. In addition, the state and local governments in which the IA CBCM is situated may also have regulations on mandatory reporting related to SEA. It is the responsibility of agencies and their respective IA CBCM/CFM Focal Points\(^6\) to be up-to-date on relevant national laws and to incorporate them into IA CBCM procedures and information packages for survivors/complainants, as appropriate.

3. Definitions

In order to have full understanding about the terminology used in this document and for the purpose of being able to act upon the SOPs correctly, the main concepts related to these SOPs have been defined\(^7\).

3.1 Sexual Exploitation: Any actual or attempted abuse of a person in a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

\(^6\) In Ethiopia, for many agencies, the IA CBCM/CFM Focal Points are often the same as the PSEA Focal Points.

\(^7\) Derived from IASC definitions, Global SOPs for IA PSEA IA CBCM
3.2 Sexual Abuse: The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

3.3 Sexual Exploitation and Abuse (SEA): The combination of sexual exploitation and sexual abuse acts or incidents. It occurs when people in power or position of trust exploit the vulnerability of the affected communities for sexual purposes. It is important to note that consent does not determine whether SEA has occurred or not because victims or survivors of SEA have unequal power status with their perpetrators and as a result, they may feel forced to agree (to receive food, to protect their families, etc.).

3.4 Protection from Sexual Exploitation and Abuse (PSEA): Policies, guidelines, procedures, mechanisms and activities aimed to reduce the risk of SEA, mitigate the effects caused by SEA violations and respond to SEA incidents.

3.5 Sexual Harassment versus SEA: SEA occurs against a beneficiary or vulnerable member of the community, while sexual harassment occurs when one employee makes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, to another employee, against his or her wishes. Although many agencies have Zero Tolerance for sexual harassment as part of their internal policies, it is important to note that sexual harassment is not covered by these SOPs. It is equally prohibited under UN policies. The distinction between the two is important so that agency policies and staff training can include specific instruction on the procedures to report each.

3.6 GBV versus SEA: Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females”. Sexual exploitation and abuse (SEA) is a form of GBV. As such, it is recommended that response services for survivors of SEA should be provided in line with the existing GBV response services. On the other hand, reporting of GBV incidents or seeking GBV services is dependent on the survivor’s consent and wishes except wherein reporting is mandatory. However, reporting of SEA incidents is not a choice but a mandate and must be done in a confidential, safe and ethical manner that does not expose the survivor or anyone supporting the survivor, to further harm.

3.7 Victim/survivor: A person who has SEA perpetrated against him/her or an attempt to perpetrate SEA against him/her. Both terms are often used interchangeably, however some prefer to use ‘victim’ as opposed to ‘survivor’ from an access to justice viewpoint. For the purpose of these SOPs, persons who report SEA committed against themselves are treated as ‘survivors’ for the security and SEA related needs assessments.

3.8 Subject of the Complaint (SOC): Once a complaint has been filed, the alleged perpetrator of SEA is referred to as the Subject of the Complaint.

3.9 Perpetrator: A person (or group of persons) who commits an act of SEA or other type of crime or offence.

3.10 Complainant: Person who brings an allegation of SEA to attention in accordance with established procedures. The complainant may be a SEA survivor or another person who is aware of the wrongdoing. This person may be a SEA survivor or another person who is aware of the wrongdoing. Both the survivor and the complainant, if different from the survivor, should be protected from retaliation for reporting SEA. Where there is any conflict of interest between the survivor and other interested parties, the survivor’s wishes must be the principal consideration in case handling, particularly when there is a risk of additional physical and/or emotional harm.
3.11 Whistle-blower: Any staff of humanitarian and development actors who reports concerns of sexual exploitation or abuse. Whistle-blowers may be a type of complainant.

3.12 Whistle-blowing policy: An organizational policy which encourages staff members to report concerns or suspicions of misconduct by colleagues. The reports may concern people in other organizations and people at other levels in the organization.

3.13 In-the-air allegation: Refers to rumors or concerns of sexual exploitation and abuse (SEA) emanating within a particular setting but not necessarily directly reported by anyone, and where the institutional affiliation of the alleged perpetrator(s) is uncertain or unknown. In-the-air allegations will be handled on the precepts of not limiting or prohibiting freedom of speech, whether in person or by the use of social media, but with caution to ensure that it does not lead to hate speech which could escalate into something more dangerous, particularly incitement to discrimination, hostility and violence, which is prohibited under international law. This will be guided by the United Nations Strategy and Plan of Action on Hate Speech.  

3.14 Inter Agency Community Based Complaints Mechanism (IA CBCM): A system blending both formal and informal community structures, where individuals are able and encouraged to safely report incidents of SEA. Local communities were involved in developing the IA CBCM to ensure the structure is culturally and gender sensitive. The mechanism should have multiple entry points, allowing both beneficiaries and staff the opportunity to report at the organizational level – internally through the network’s or field agency Focal Points – or at the community level. The broader aim is to ensure that a community member can bring an SEA allegation to any CFM, and the complaint will reach the concerned organization while the complainant receives the services they need. The primary concern of the mechanism is to aid known and potential SEA survivors, and also fulfill a prevention function through awareness-raising efforts. An IA CBCM that receives SEA allegations should not be a separate, parallel system to other complaints and feedback structures in a given area, but rather link to and build on existing structures to create one system for handling feedback and complaints. The term CFM is used for the internal complaint mechanism of an organization, and IA CBCM for the system linking all CFMs together.

3.15 IA CBCM Stakeholders: Humanitarian and development actors who have committed to participate in joint complaint mechanisms. They include organizations which provide humanitarian assistance in the implementation site (UN agencies, international and national non-governmental organizations (NGOs),

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8 United Nations Strategy and Plan of Action on Hate Speech

9 Two assessments took place in July and August 2019 covering the eight targeted zones in the three regions.
international organizations and their implementing partners/contractors), as well as community-based organizations and relevant host government agencies.

4 Roles and Responsibilities
Each humanitarian or development agency working in Ethiopia is obliged to create and maintain an environment that prevents SEA. Heads of agencies or their designates have a particular responsibility to:

- support and develop systems that maintain this environment, including but not limited to:
  - Adoption of the Core Principles and Code of Conduct developed by the IASC Task Force on Protection from Sexual Exploitation and Abuse;
  - Taking action to prevent SEA cases, including through awareness-raising, training and other measures, for both staff and communities they serve;
  - Nomination of a senior level PSEA Focal Point(s);
  - Setting up of internal protocols for handling SEA allegations, including investigation of cases;
  - Taking disciplinary actions in case the offense is proven.

All members of the PSEA Network commit to timely and expeditious action to provide assistance to complainants/survivors, to prevent, ensure investigation by the relevant units and proceed SEA, and to comply with all timelines for action laid out in these SOPs.

To create a clear understanding, below are the roles and responsibilities of all stakeholders described.

4.1 IA CBCM Stakeholders: Humanitarian and development actors which have committed to participate in joint complaint mechanisms. They include UN agencies, international and national non-governmental organizations (NGOs), international organizations and their implementing partners/contractors), as well as community-based organizations and relevant host government agencies. They participate in the work of the PSEA Network under its ToRs, comply fully with these SOPs and support joint PSEA actions as agreed, including support for IA CBCMs. IA CBCM stakeholders are responsible for sharing relevant information including PSEA activities such as community mobilization and awareness creation, and conducting training with the PSEA Network according to these SOPs. Heads of agencies from member organizations oversee the design and implementation of the IA CBCM and provide proactive support on PSEA, at individual organizational level.

4.2 Humanitarian/ Resident Coordinator’s Office: Supports the development of complaints mechanisms, ensures that survivors have access to appropriate assistance and coordinates inter-agency SEA referrals. The HC/RC is ultimately responsible for ensuring PSEA implementation in-country.

4.3 Concerned Organisation: The final responsibility to address the complaint, and follow-up the investigation, lies with the organisation that employs the subject of the complaint. This is the organization responsible for investigating allegations of SEA and taking appropriate follow-up action. The organisation is also responsible to provide updates to the PSEA Coordinator/PSEA Network Co-Chair(s) on the status of a referred case, including: when the complaint was received by the agency’s investigative unit; when/whether investigation commenced or the complaint was determined an insufficient basis to proceed; when the investigation concluded; the outcome of the investigation; and when/whether the outcome (or any information) was provided to the survivor. Provision of this information will be dependent on an organization’s internal policies and on whether the organization (in-country) has this information, bearing in mind that this information may be handled by an organization’s HQ for some organizations. Individual UN and implementing partners, INGOs, NGOs, CSOs and CBOs are responsible for SEA investigations being held and sanctions against their personnel found responsible for SEA according to their own internal policies and procedures.
4.4 **PSEA Coordinator**: In Ethiopia, the PSEA Coordinator, supports the implementation of the PSEA strategy, HCT or Inter-agency PSEA workplan and commitments, and supports strengthening common approaches to prevention and response of SEA including survivor/victim assistance. The PSEA coordinator serves as a bridge between HCT and the PSEA Network. He or she reports to HCT or the supporting agency, and advises HCT and other relevant humanitarian actors on PSEA, and provides technical guidance to the PSEA Network. PSEA Coordinator is responsible for receiving and forwarding any SEA related complaints through the established IA CBCMs to the agencies concerned and whose personnel are involved. He or she is responsible for documenting and tracking all SEA related complaints through the IA CBCM for follow-up, ensuring HCT accountability commitments on PSEA. In the absence of a fully dedicated PSEA Coordinator, these roles will be delegated to the PSEA Network Co-Chairs. However, the role of a dedicated and independent PSEA Coordinator in all humanitarian contexts is very important, proposed by the IASC principles in 2016 Global SOPs and endorsed in the [2018 IASC Plan for Accelerating PSEA in Humanitarian Response at Country Level](https://www.iasc.info/).  

4.5 **PSEA Network Co-chairs**: Ensures that the Network works according to its ToRs, convene and lead meetings, report on activities to the UNCT and any other appropriate structures on a regular basis, advise and assist members as required. The Co-Chairs are responsible for ensuring referral of the allegations received by the Network.

4.6 **PSEA Focal Points**: The PSEA Network in consultation with heads of agencies has designated common PSEA Focal Points in locations with elevated risks. The Focal Points are capacitated and dedicated staff and members of the PSEA Network. The PSEA Focal Points act as an entry point to the IA CBCM, have an obligation to receive and refer potential SEA complaints for action, including investigation as per their organizations’ internal protocols. They report progress/complaint updates in the PSEA Network. The Focal Points lead common PSEA activities including awareness raising activities and training on PSEA, beneficiaries’ rights to assistance and available reporting channels to enable and facilitate any allegation of SEA complaints. The Focal Points will be leading and reporting progress on PSEA efforts to the PSEA Network. The PSEA Network and nominated PSEA Focal Points are not mandated by this SOP to undertake any SEA investigations. Agencies are encouraged to nominate their own PSEA Focal Points (at least two; preferably one male and one female) in every field office location.

4.7 **PSEA National Network**: Ethiopia established a national PSEA Network in 2018. As part of the commitments on PSEA in humanitarian action, PSEA Network members must actively participate in the PSEA Network activities, monitor and report on progress, mobilize resources for PSEA and support coordination. According to the UN Victim Assistance Protocol, the PSEA Network is responsible for training all PSEA Network members on the procedures for safely and confidentially, referring victims for assistance. The PSEA Network will ensure that any complaint is received, logged, referred and followed-up on with the concerned organisation through a centralised repository. The PSEA Network in collaboration with the GBV and CP AOR has a responsibility to ensure there are survivor assistance mechanisms and referral pathways in place, to harmonize service provision and avoid creating parallel SEA-specific service structures. The PSEA Network is also responsible for ensuring sustainability of the IA CBCM and for ensuring its responsiveness to community needs and relevance to context specific risks and barriers to accessing justice. Therefore, on an ongoing basis, and in collaboration with communities, the network will map existing CFMs; establish new channels where there are gaps in access to reporting; strengthen CFMs that already exist to handle sensitive allegations, and; link CFMs through complaint and assistance referral pathways.

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10 The PSEA Coordinator function in-country will be determined by the RC, based on the context, and guided by the PSEA Coordinator’s ToR in-country. This will be an ongoing function during a chronic crisis and could be hosted (or costs supported) by a specific agency(ies), as determined by the RC.

11 The roles and responsibilities of the PSEA Coordinator, PSEA Network Co-Chairs and PSEA Focal Points will be aligned and linked to the Ethiopia PSEA Network ToRs.
4.8 PSEA Regional Networks: Three Regional Networks have been set up in the regions with most IDP sites: Oromia (Bule Hora), SNNP (Hawassa, previously Dilla), and Somali Region (Jijiga). These regions were determined by the PSEA Network to have elevated risk due to nature of displacement, living conditions of IDPs and coping mechanisms, presence of aid workers and local population as well as the type of interactions between them.

5 Complaint Mechanism (IA CBCM) Procedures: Procedures to be followed in making a complaint, including duty to report

The main goal of the SOPs is to standardize referral between organizations' Complaint and Feedback Mechanisms (CFMs) so no complaint is lost or mismanaged, and to ensure that all victims can receive appropriate services.

5.1 Complaints from community members can be received via any CFM through different approaches and technologies. These should however, be accessible to all potential complainants and dependent on the context. CFMs may include agency-specific or coordinated hotlines or SMS lines, suggestion boxes, or other channels through which feedback could be received, such as Women and Girls’, or Child Friendly Spaces, One Stop Centers (OSC), women’s centers, child-friendly spaces, directly to PSEA or CFM/AAP Focal Points, trusted community leaders, and any other locally agreed upon mechanisms. The mechanisms should be accessible to all potential complainants, including IDPs, refugees, and host community members, and sufficient information must be given on how to access the IA CBCM, making the complaints process accessible to the largest possible population. This includes identifying and instituting various entry points that are both cultural and context appropriate.

5.2 The IA CBCM acts as a broader accountability mechanism, including SEA complaints, in order not to create two separate PSEA and Accountability to the Affected Population (AAP) systems. The inter-agency IA CBCM will transfer all other non-SEA complaints to the relevant sector/entity for processing, as part of its functioning as a broad accountability mechanism and in a bid not to create separate PSEA and AAP systems.

A complaint that does not involve an SEA allegation, but rather a broader assistance provision issue, will be recorded by the local AAP/CFM Focal Person in the field and transferred directly to the relevant agency (if clearly indicated) or to the cluster/sector coordinating that response so that the feedback or complaint can be forwarded to the relevant agency. This is in respect to the Core Humanitarian Standard (CHS) Commitment 5\textsuperscript{12}. Forwarding of non-SEA complaints must be made in a timely manner. For beneficiaries to have faith in the IA CBCM, all complaints reported to it must be properly followed up on, not just those alleging SEA. Given that experience shows most complaints received through a IA CBCM are not related to SEA, the IA CBCM has a vested interest to ensure that general programme or service-related complaints are also addressed. This preserves the credibility and usage of the IA CBCM.

5.3 Humanitarian aid workers have a duty to report within 24/48 hours any concern, doubt, or allegation of SEA in accordance with the internal policies and procedures of their agency, whether or not the subject of complaint is from the same agency. For United Nations staff, the Secretary-General’s Bulletin on SEA (2003) and many agency policies make reporting concerns or suspicions of SEA via “established reporting mechanisms” a mandatory requirement of staff. In line with this mandatory reporting requirement, agency protection for whistle-blowers needs to be robust so that staff are not

\textsuperscript{12} CHS Commitment 5, indicator 5.7 states that Complaints that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice.
harmed for fulfilling their duties. All implementing partners are expected to uphold the same requirements.

5.4 All agencies that are actively involved in humanitarian and development actions in the targeted area can participate in the IA CBCM. It refers to all staff of humanitarian and development actors including, UN agencies, INGOs, NGOs, implementing partners, and relevant CBOs including paid staff, volunteers, contractors, incentive workers, and anyone performing a task on behalf of any humanitarian or development actor, regardless of the type or duration of their contract.

6. Procedures to be followed when receiving a complaint

All procedures to be followed are highlighted in text below, a summary can be found in Annex 2 where the PSEA Referral Pathway is visualized by means of a workflow.

6.1 When a SEA complaint is made through any of the CFMs the complainant/survivor should be referred immediately to the PSEA Focal Point of the relevant organisation (if a specific organisation is identified) or to the PSEA Network Co-Chairs (if no specific organisation is identified) to record the case using the standard SEA complaint referral form13/piloting the Common Reporting Platform (CRP)14, or their own (organization specific) internal reporting forms. The names and contact information of the PSEA Network members is available to all humanitarian and development actors having presence in the selected locations, as well as with the targeted communities to facilitate reporting. This list should be regularly updated by the PSEA Coordinator/Network Co-Chairs.

6.2 The PSEA Focal Point or PSEA Network Co-Chair(s) who receives the case should immediately conduct a safety assessment for the complaint/survivor, and develop a safety/protection plan if necessary, based on individualized needs.

6.3 The person recording the complaint must ensure that the individual who makes the complaint is informed of the policy on confidentiality and obtain informed consent from the complainant for the anonymized information to be made available to others within the Ethiopia PSEA Network, which may include the co-leads, concerned UN agency or the implementing partners or national authorities, PSEA Focal Points, and the head of concerned organization. If the recipient of the complaint is a UN staff member, the staff member must inform the complainant/survivor of the UN’s mandatory reporting policy and explain who the complaint will be reported to. Both complainants and subjects of a complaint (SOC) have a right to confidentiality. Records should be stored securely to avoid accidental or unauthorized disclosure of information. Information kept for tracking purposes must be anonymized to the fullest extent possible. Confidentiality is an important principle in SEA complaints, as submitting an SEA allegation can render a complainant vulnerable to retaliation15.

6.4 The person recording the complaint must provide immediate feedback to the complainant: If the person is unable to do so, immediate feedback may be delegated to (other) PSEA Focal Points, GBV specialists, the PSEA Coordinator, or other such pre-identified actors, dependent on informed consent earlier received from the complainant. Immediate feedback includes information that informs the

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13 The Global SOPs include a sample incident report form and Model Referral Form. For authorized personnel of the UN Secretariat and UN Agencies Funds and Programs, use of the UN Incident Reporting Form is mandatory for collecting, recording, and referring SEA allegations to HQ. A sample incident report form could be adopted by all CFMs for consistent reporting.

14 The CRP is an online complaints repository developed for the IASC Pilot Project on PSEA IA CBCMs. Besides the intake of the reports, tracking case handling, it also collects the anonymized data in both a dashboard and map feature to assist in monitoring trends.

15 Good confidentiality practices can be found in the Best Practice Guide Section B Chapter 4 “Intake and Review of Complaints.”
complainant of what to expect and manages expectations, for instance the expected timeframes and possible outcomes of the potential investigation, and what in-country IA CBCM stakeholders can and cannot do. Persons providing feedback need to be aware and communicate that the organization employing the alleged perpetrator is responsible for any potential investigation. The IA CBCM has little to no control over the investigation and will likely not be in position to provide future feedback once the complaint is referred, unless explicitly tasked to do so by the concerned organization.

6.5 The person recording the complaint must provide immediate advice on available survivor assistance systems including those with specific attention to child needs, facilitate advice about the provision of services within 24 hours, and provide clear information on any legal reporting requirements for support services, so as to enable the complainant/survivor to make an informed decision, without waiting for the outcome of the complaint. The Ethiopia PSEA Network will work with CP/GBV AoR Sub-Cluster\textsuperscript{16} representatives to ensure that SEA survivors have access to services. All actions taken must be with the full consent of the survivor, including permission to be contacted for follow up. If possible or desired, an alternative contact person (proxy) should be shared with the PSEA Focal Point of the Concerned Organisation or the PSEA Network Co-Chairs.

7. Action to be taken on SEA complaints

7.1 Each SEA complaint received must be treated as a matter of the highest priority by the person recording it.

7.2 For all cases where the subject of the complaint’s organisational affiliation is known:

7.2.1 The case should be immediately referred to the Concerned Organisation by the designated PSEA Focal Point (receiving the allegation), for follow-up within the next 24 hours. The complainant will be informed about this referral. If no Focal Point has been designated for that organisation, the case will be referred to the Country Director and/or Human Resources Department, unless otherwise specified. Annex 1 shows a global list of organizations’ SEA-responsible units which is complemented by the survey data from Ethiopia. If the PSEA Focal Point is potentially involved in the SEA incident, the case should be reported to the PSEA Coordinator. SEA allegations received directly by agency staff will be dealt with according to internal agency procedures and policies. Upon receipt of complaints involving own personnel or partners and completion of internal actions, agencies are strongly encouraged to provide confidential updates on the number of complaints received and actions taken (no identifiable information) to the PSEA Coordinator or PSEA Network Co-Chair(s).

To ensure that the allegation was properly referred by the PSEA Focal Point and received by the appropriate unit in the concerned agency, the PSEA Coordinator/PSEA Network Co-Chair(s) should also include a request to confirm receipt. The concerned agency should send a confirmation that the SEA allegation was received, within two business days. After receiving this confirmation, no further action is required from the PSEA Coordinator/PSEA Network Co-Chair(s). This is an acknowledgment that a respective organization has received respective SEA complaint(s) and should not be confused with the feedback given to the IA CBCM on case status or with the agency feedback given to the complainant/survivor, which are also encouraged and done in compliance with agency policies.

\textsuperscript{16} For more on linkages between the PSEA Network and GBV sub-cluster in a humanitarian response, see the GBV AoR’s Handbook for Coordinating GBV in Emergencies (Chapter 1.8) and the forthcoming UN Victim Assistance Protocol. For how to support survivors when GBV actors / survivor services are not available, see the IASC’s GBV Pocket Guide.
The contacts of the individual, unit, or department designated to handle SEA complaints in each signatory organization are appended in these SOPs. This makes it exactly clear where the PSEA Coordinator shall send sensitive complaint details, promoting confidentiality by limiting the number of persons who ever see the full complaint. In situations where this direct referral bypasses the country office (e.g. for organizations with separate HQ investigation units), the concerned agency in-country should be notified. These in-country notifications could be made to the respective organization’s Head of Office and, if not already aware, the PSEA Focal Point. This notification should not disclose the identity of the complainant or the alleged offender, to limit sharing sensitive complaint details as much as possible.

7.2.2 The PSEA Focal Point should identify whether the complainant/survivor has received assistance and protection measures as per their wish through trusted assistance mechanisms, preferably via pre-established pathways, within 24 hours, and follow-up to resolve any blockages in case assistance has not yet been provided.

7.2.3 If a SEA allegation constitutes a criminal offence under local or national law, the authorities should be made aware of the allegation. The procedure for when to refer an SEA allegation to law enforcement authorities will be different for NGOs and the UN. The UN Country Office will not refer allegations to the authorities; this referral occurs from HQ. For organizations without a separate HQ investigation body, the referral of potential criminal offences to authorities will most likely be done at the country level, following internal procedures. There shall be continued engagement, between the HC/RC and with the government and security forces on how best to enhance cordial relationships that advocate for appropriate response to complaints received including, SEA allegations against a state actor. Referrals and investigations will be made according to the internal mechanisms of such actors.

7.3 For all cases where there is no clarity regarding the identity of the accused person or their organisational affiliation, the person who receives the complaint should refer the case immediately to the RC/HC in country/PSEA Coordinator who will review the case within 24 hours and may recommend a preliminary inquiry.

For instance, if the organization of a subject of complaint is not known, if the victim is not known or if both are not known, these are so-called “in-the-air” allegations. Such preliminary inquiries may be conducted to gather readily available additional information that may help determine which organisation a case should be referred to. A preliminary inquiry should be only to collect basic missing information and should not be taken as the commencement of an investigation. PSEA Network Co-Chairs will conduct such preliminary inquiries, inviting 3 PSEA Focal Points to participate in the process. PSEA Focal Points invited to assist in preliminary inquiries are obliged to respond rapidly and cooperate promptly. Findings should be shared within 72 hours with the PSEA Coordinator or PSEA Network Co-Chair(s) who may thereafter refer the case to an individual organization if sufficient information is made available. If no organization is identified, the PSEA Coordinator or Network Chair may decide to share the information with the PSEA Network, to discuss and determine how best to take the case forward. In such a case, the PSEA Network should follow-up with the complainant and inform them of the status of the case, and to follow-up if they (complainant) received victim assistance they required.

7.4 A detailed record of information gathered via the complaints protocol should be kept confidentially, whether online or on physical file, as it may be used in subsequent disciplinary or legal action. Every effort must be made to ensure the security of such files. The PSEA Network could include confidentiality protocols in place for physical and electronic complaints.
8. Referral – Assistance including safety measures and survivor services

All complainants of SEA are entitled to an assessment of their immediate needs and referral to appropriate assistance. It is a core provision of IA CBCMs that this immediate basic assistance is entirely independent from administrative action taken on the complaint, including both referral for investigation and the outcome of any initiated case. Distinctions between basic and longer-term assistance, and the forms of assistance relevant to SEA survivors, are broken down in the Global SOPs, and the forthcoming UN Victim Assistance Protocol.

8.1 Conducting preliminary assessment: In collaboration with CP and GBV actors in a given location, any agency receiving a complaint or allegation of SEA should prioritize victim/survivor’s immediate protection needs and physical, emotional and social wellbeing and provide referral for appropriate assistance. This immediate basic assistance is entirely independent from administrative action taken on the complaint, including referral for investigation and the outcome of any initiated case. Complainants who are not alleged victims, including whistleblowers, may also require a physical security assessment and other safeguards to protect their interests. If an agency does not have the capacity to provide appropriate referral assistance, an immediate request should be made to other agencies with PSEA capacity, national PSEA Network, CP/GBV AoR or the protection cluster. Any agency with relevant staff capacity should respond positively to requests for assistance. All assessment of SEA victims/survivors should be done by a trained/capacitated staff and in consideration of the need for safety, confidentiality, respect and non-discrimination and best interest of the child, in case of underage survivors.

8.2 Facilitating access to essential services: Based on identified needs and the consent and wishes of victims/survivors of SEA, they should be referred for essential services including safety and protection, medical care services, psychosocial support services, legal services, support offered to children born as a result of SEA, and education, livelihood and basic material assistance to victims/survivors in line with the available victim assistance referral pathways.

Where applicable, CP/GBV actors should serve as entry points for facilitating essential services for victims/survivors of SEA. If there is no CP/GBV program or protection related staff in the location, SEA victims/survivors should be referred as appropriate, in a safe and appropriate manner, to other locations where such services exist, by using the GBV Pocket Guide. The PSEA Coordinator, PSEA Network or PSEA Focal Points making referrals are not responsible for the delivery nor quality of services to a survivor. This is the role of the agency or entity designated to oversee the provision of assistance to each survivor following the referral pathways.

In Ethiopia, assistance referral pathways are already in place for most locations. However, they are not publicly available for protection purposes of those providing the services and also to ensure the quality of information on services available is preserved. Therefore service referral information should be accessed through trained GBV/CP referral Focal Points. When an SEA complaint is received and a survivor/victim wishes to access services, a PSEA Focal Point can directly contact the CP/GBV Referral Focal Points to facilitate a referral to the available and relevant services. Victims/survivors may also directly access GBV programming in any particular area, some of which are listed on the online interactive IA CBCM Map. However, to ensure a survivors/victim accesses the most appropriate services in a timely manner, it is recommended their access is facilitated and supported by a specialised CP or GBV actors (e.g. the CP/GBV referral focal point).

17 Global SOPs §4.2.2(a): Referrals for immediate assistance.
8.3 Tracking of services: As part of the IA CBCM’s accountability, the PSEA Coordinator and/or Network Co-Chairs should track whether services are made available to a given survivor. The entity responsible for delivering services will verify within 48 hours (or other set time frame) of receiving the referral and confirm that service referrals were conducted. This allows the Coordinator/Network Co-Chairs to make a complete report to the concerned organization, and requires no further detail about the type of services provided or by whom.

9. Investigation of SEA complaints and feedback to the survivor

9.1 The concerned organization is responsible for following up on an allegation referred from the IA CBCM, and therefore all signatory organizations should have in place internal complaint mechanisms and investigation protocols that can handle SEA allegations.

9.2 The IA CBCM plays no role in the investigations. However, where the organization that employs the subject of complaint does not have the capacity to appropriately follow-up on the complaint, the PSEA Network, with support from the PSEA Coordinator, should identify and utilise available resources and expertise to support rapid action by the organisation e.g. the Safeguarding Hub and Justice Rapid Response.

9.3 Where appropriate and warranted, consideration should be given to conducting joint investigations in the interests of information and resource sharing, as well as limiting the number of interviews necessary.

9.4 All investigations of SEA should be carried out in a safe, confidential, transparent and timely manner. For the purpose of this SOP, the timeframe for completing SEA related investigations and providing feedback should not last for more than 90 days including the date the case was filed. Although SEA complaint handling procedures vary, agencies must communicate their investigation status and findings and must provide basic information on each incident and consolidated cases on a quarterly basis under this SOP to the PSEA Coordinator and PSEA Network Co-Chair(s). After the investigation process is completed, the investigating agency should alert the relevant parties (the complainant/victim/survivor and subject of complaint) including the PSEA Coordinator/Co-Chair(s) about the status of the investigation and action taken. The level of detail provided on the status of administrative action taken on an allegation will vary according to member agency procedures and may be limited to general updates on the status of the investigation (i.e. that it has commenced or is in the evidence-gathering stage) rather than a detailed case analysis, according to internal confidentiality policies. The PSEA Coordinator is responsible for tracking and analyzing SEA data in the country as well as forwarding the data to the RC/HC. In the absence of a Coordinator, this will be handled by the PSEA Network Co-Chairs.

9.5 The investigating organisation must notify the complainant/survivors in a safe and timely manner of the status and outcome of their investigation. Feedback to complainants/survivors is a two-fold responsibility: it is part of the required outcome of agency investigations under international commitments, and it is part of the survivor assistance package. Ideally, feedback should be given face-to-face by the person who the case was reported to, and also be given in writing to avoid confusion and/or differing interpretations of the feedback.

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18 A format could be provided by the Ethiopia PSEA Network on humanitarianresponse.info
19 Justice Rapid Response Investigation Leaflet
9.6 If a SEA allegation constitutes a criminal offence under local or national law, the authorities have an interest to investigate separately from the investigation of the concerned organization. The respective organizations who employ the SOC are obliged to work with the authorities, in compliance with their internal protocols and ensuring the safety of the survivor. This is the role of leadership within the concerned organization whether in country or in the HQ. It is not the role of the PSEA Coordinator/PSEA Network Co-Chair(s) or PSEA Focal Points.

9.7 The PSEA Focal Point for the investigating organization is also obliged to update the RC/HC and PSEA Coordinator — with due respect for confidentiality of both the complainant/survivor and the SOC - on the progress of the investigation process taken by the organization, as well as services provided to the survivor/complainant.

10. After Referral, and Investigations

10.1 It is the responsibility of the investigating agency to provide feedback to the complainant, the Subject Of Complaint, and to determine what information is provided, in line with their internal policies. Feedback to the complainant and/or victim is the concerned organization’s responsibility, but this can be delegated to IA CBCM. In such an instance, it should be specified who will provide feedback (typically the PSEA Coordinator or Focal Point that received the initial complaint) and how the feedback will be delivered.

10.2 Based on needs and gaps for PSEA, the PSEA Coordinator and/or PSEA Network Co-Chair(s) may engage with PSEA Network agencies to jointly analyze occurrences, recurrences, patterns and general challenges and develop prevention and mitigation strategies. The PSEA Coordinator will report to the RC/HC, UNCT, cluster leads and other relevant structures on a quarterly basis and to the HQ-based ECHA/ECPS UN and NGO Task Force on PSEA on an annual basis.

10.3 The PSEA Coordinator has the responsibility to inform the RC/HC in-country and link with the UNCT steering committee (through the RC/HC) about all SEA cases received through the IA CBCM and in-the-air allegations. For the same purpose, the PSEA Network members are highly encouraged to consult their responsible investigative departments and share non-identifiable information about SEA related cases handled through their internal systems with the PSEA Coordinator.
11. Signatory page, statement of commitment:

The HCT and UNCT members in Ethiopia commit to follow the SOPs and to make every effort to work together and facilitate SEA related information sharing between them. The organizations commit that their staffs know how the IA CBCM works and they adhere to the SOPs above. The organizations also commit that they will ensure that beneficiaries know about their rights, and know how to report under these SOPs, so that the IA CBCM is accessible to its intended target.

Main sources used for this document:


Annexes

Annex 1: Contact list

This IASC contact list comprises organizations’ SEA-responsible units, which enables stakeholders to quickly and accurately refer SEA complaints to the appropriate unit of the organization that employs the alleged perpetrator. Inclusion into the contact list is for every organization working in-country and not only for those committing and signing to these SOPs.

Follow this link to find the IASC contact list.
Annex 2: Generic PSEA Referral Pathway

*Adjusted from the Mozambique PSEA Referral Pathway with permission, designed by UN Women.*
Endorsed by the Ethiopia PSEA Network on February XX, 2021 and by the Ethiopia Humanitarian Country Team on February xx, 2021.